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FEC FORM 1	STATEMENT OF ORGANIZATION					Office Line Only			
NAME OF COMMITTEE (ir	n full)	(Check is change		Example: If typing, to	ype 12FE4M	Office Use On	у		
Benishek f		`	,	ever are integ.			1		
ADDRESS (number a	nd street)	PO Box 2012							
(Check if address is changed)		Kingsford			MI	49802-2012			
			CI	TY	STATE	ZIP (	CODE		
COMMITTEE'S E-MA (Check if is change	address	S (Please provide tim@kochandh	-	aail address)					
COMMITTEE'S WEB	PAGE ADD	RESS (URL)	orcongress cor	n					
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2. DATE 03	M / D D D D D D D D D D D D D D D D D D	2012	Y						
3. FEC IDENTIFIC	CATION NUI	MBER	C coo	476325					
4. IS THIS STATE	MENT	NEW (N)	OR	× AMENDED	) (A)				
I certify that I have e	examined this	Statement and	to the best o	f my knowledge and	belief it is true, corre	ct and complete			
Type or Print Name	of Treasurer	Trent J. Benish	ek						
Signature of Treasure	Trent J. I	Benishek		[Electronically I	Filed] Date 0	4 04	2012		
NOTE: Submission of		•		ay subject the person s		·	f 2 U.S.C. §437g.		
Office				For further information Control Federal Election Control		FEC F	ORM 1		

C	Office		For further information contact:	FEC FORM 1
	Use Only		Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	(Revised 02/2009)